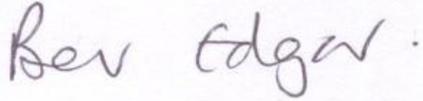


Policy for Moving & Handling the Bariatric Patient

Handling patients admitted to the Trust who weigh over 121kg (19 stone)

Department / Service:	Training and Development	
Originator:	Adina Latta	Manual Handling Adviser
Accountable Director:	Bev Edgar	Director of Human Resources
Approved by:	Bev Edgar Workforce and Organisational Development Group	
Date of Approval:	16 th June 2015	
Extension approved by TMC on:	22 nd July 2015	
Review Date:	31 st June 2018	
This is the most current document and is to be used until a revised version is in place		
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All clinical areas	
Target staff categories	All health care staff who have direct patient contact	

Purpose of this document:

This policy has been developed to standardise the process for the management of patients who weigh over 121kgs. The development and implementation of a bariatric policy aims to ensure all employees practice safely by adhering to safe systems of work applicable to moving and handling of bariatric patients whilst promoting patient independence and comfort. It will enable the trust to have a professional, sensitive and responsive approach, whilst managing the individual needs of the patient group and associated care givers considering the health and safety management to Trust employees.

Key amendments to this Document:

Date	Amendment	By:
04/07/2012	All wording – manual handling risk assessment has been replaced with the words - mobility assessment.	Adina Latta
15/07/2012	Changes approved by Bev Edgar on behalf of Workforce & Organisational Development Group	Bev Edgar
16/06/2015	Document extended for 3 months	Denise Harnin
21/10/2015	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
December 2016	Further extension as per TMC paper approved on 22 nd July 2015	TMC
November 2017	Document extended whilst under review	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG

Contents page:

- 1. Introduction**
- 2. Scope of the policy**
- 3. Definitions**
- 4. Responsibility and duties**
- 5. Policy detail**
- 6. Implementation of key document**
 - 6.1. Implementation Plan**
 - 6.2. Dissemination process**
 - 6.3. Training and awareness**
- 7. Monitoring and compliance**
- 8. Policy review**
- 9. References**
- 10. Background**
 - 10.1. Equality requirements**
 - 10.2. Financial risk assessment**
 - 10.3. Consultation process**
 - 10.4. Approval process**

Appendices

Appendix 1 Checklist for the review and approval of key Documents

Appendix 2 Equipment to consider

Appendix 3 Bariatric equipment protocol

Appendix 4 Audit tool

1.0 Introduction

- 1.1 With the incidence of obesity increasing it is essential that Health Care Professionals are provided with appropriate solutions to assist them in the effective management of bariatric patients in the various clinical areas.
- 1.2 The Trust has a legal obligation under Regulation 4 (1)(b)(i) of the Manual Handling Operation Regulations 1992 to make a suitable and sufficient assessment of all such manual handling operations to be undertaken by employees.
- 1.3 Many issues need to be considered when caring for a bariatric patient to ensure the health, safety and welfare of both the patient and staff.
- 1.4 Environment, equipment and staffing levels need to be addressed and should be continuous from pre-admission, admission, interdepartmental transfers and discharge / mortuary planning.
- 1.5 This in turn would optimise the quality of care delivered to the patient and family to ensure a seamless service.
- 1.6 Adherence to this policy will safeguard the health and safety of staff and patients.

2.0 Scope of the Policy

- 2.1 This policy applies to all staff including agency and temporary staff caring for patients in Worcestershire Acute Hospitals NHS Trust.

3.0 Definition

- 3.1 Within the Worcestershire Acute Hospitals NHS Trust, all patients assessed as being in excess of 121kg (19 stone) or with a body mass index (BMI) in excess of 30+ will be classed as bariatric and therefore subject to this policy.
- 3.2 A bariatric patient can be described as anyone who has limitations in health and social care due to physical size, health, mobility and environmental access.

3.3 It should also be recognised that other individuals with lower weight and BMI may be subject to the guidelines depending on their weight distribution, shape / size, height, tissue viability and immobility problems may also be referred to as a bariatric patient.

3.4 This policy must be initiated if the patient's weight and / or body dynamics /shape exceed the safe working load (SWL) and dimensions of a support surface within a social or health care setting.

3.5 A flexible approach is required when implementing this policy.

4.0 Responsibilities and Duties

The Trust is dedicated to providing a safe and healthy workplace in relation to moving and handling bariatric patients and is committed so far as is reasonably practicable, to ensure the health, safety and welfare of all employees and any other person who may be affected by the Trusts activities.

4.1 Chief Executive

The Chief Executive will have overall responsibility for the effective organisation and arrangements of the Bariatric Policy to:

4.1.1 Ensure that the objectives within the policy are established, implemented, reviewed, updated and achieved;

4.1.2 Ensure that where necessary, agreed programmes of investment in achieving the prevention and minimisation of risks associated with moving and handling the bariatric patient are properly accounted for.

4.1.3 Ensure the appointment of competent persons to assist and advise in the measures necessary to comply with the requirements of all relevant legal duties in relation to the management of bariatric patients.

4.2 Director of Nursing

4.2.1 Have overall responsibility for the management of bariatric patients.

4.2.2 Implement, monitor and review effectiveness of systems for moving and handling a bariatric patient.

4.2.3 Ensure managers have a continual review of the objectives of the policy. Ensure that all employees are aware of their own legal and Trust wide responsibilities with moving and handling bariatric patients.

4.2.4 Ensure there is effective provision of information, instruction, training and supervision for staff in order to reduce the risks associated with moving and handling bariatric patients.

4.3 Senior Managers/Matrons/Ward Managers or equivalent

4.3.1 Ensure that all employees are fully aware of, understand and comply with the Trusts Policy for Moving and Handling Bariatric Patients

4.3.2 To liaise closely with relevant specialities such as Risk Management, Manual Handling Service, Tissue Viability Service, Discharge Liaison etc. and seek competent advice when necessary.

4.3.3 Ensure a mobility assessment (form WR2062 available from Service point) as described in the Manual Handling Policy is carried out on each manual-handling task performed by staff for which they have a responsibility.

4.3.4 Where the mobility assessment concerns a particular patient or client, all staff involved in the caring process and patient risk assessment e.g. theatre staff and porters should be informed of the findings.

4.3.5 Provision of equipment may not be available within the Trust and where systems are not yet established risk assessments should be completed to establish the level of risk to both patients and staff and actioned in accordance with the Trust's risk matrix.

4.3.6 Identify employee training needs and ensure suitable education programmes are developed, attended, with documented records of training maintained.

4.3.7 Ensure bariatric patients are treated with respect and dignity. In order to implement this level of care extra resources will need to be deployed.

4.3.8 Managers will audit bariatric patient procedures (appendix 4) in the workplace, promoting change in practice where necessary and sharing outcomes of audits and investigations across divisions to ensure continued best practice and learning.

4.4 Manual Handling Advice

4.4.1 Advice on any manual handling issues for the bariatric patient may be sought from the Trust's Manual Handling Advisers (ext. 33654). This may include training, techniques and/or handling equipment and its suitability for this patient group.

5.0 Policy Detail

5.1 All patients regardless of their weight or shape are entitled to the same standard of care.

5.2 Should a patient be admitted through pre-admission clinic /antenatal clinic the initial mobility assessment should be completed prior to admission.

5.3 Patients admitted directly to the hospital should have a mobility assessment completed as soon as they arrive.

5.4 Upon completion of this assessment, appropriate action should be taken and relevant equipment sourced (appendix 2). In the first instance existing hospital equipment should be used otherwise appropriate

equipment must be sourced externally with written approval given by a matron or equivalent (appendix 3).

5.5 To minimise or eliminate foreseeable risks to patient and staff, specialist advice must be sought as soon as is reasonably practicable and all relevant service providers formally informed at the earliest possible time.

5.6 The mobility assessment should be monitored and reviewed at regular intervals or following a change in condition.

6.0 Implementation of key document

6.1 Plan for implementation

An implementation plan has been completed.

6.2 Dissemination Process

The manual Handling Team will oversee the effective communication of the approved policy to all relevant staff. This includes emailing copies of the policy to the matrons/lead person for allied healthcare professionals. so it can be discussed in ward/departmental meetings. This policy is accessible via the policy link on the Trust intranet. Individual members of staff have a responsibility to ensure they are familiar with all key documents that impinge on their work and will ensure that they are working with the current version of a key document. Therefore the intranet must be the first place staff look for a key document. Line managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new key documents and policy changes.

6.3 Training and awareness

It is the responsibility of individuals to ensure they are aware of this policy and its contents. It is the responsibility of managers to identify any training needs related to this policy

7.0 Monitoring and compliance

An annual audit over seen by the manual handling team will be carried out by ward / departmental managers or their equivalent on an annual basis. The manual handling team will identify 3 patients by contacting wards / departments nursing bariatric patients and request an audit. The audit tool (appendix 4) will be provided by the manual handling team and once completed, will lead to an action plan, to ensure compliance of the policy for moving and handling a bariatric patient.

8.0 Policy Review

This Policy will be reviewed every 2 years or when circumstances dictate.

9.0 References

HSE (1992) Guidance on Regulations: Manual Handling Operations Regulations 1992. London HMSO	
World Health Organisation (2000) Obesity: Preventing and Managing	
Moving & Handling the Bariatric Patient	
WAHT-CG-536	Page 6 of 13
	Version 1.9

the global Epidemic. WHO, Geneva	

10.0 Background

10.1 Equality Requirements

The content of this policy has no impact on equality.

10.2 Financial Risk Assessment

The implementation of this policy may require additional revenue and manpower depending on the outcome of the manual handling risk assessment and the availability of trust equipment.

10.3 Consultation Process

Key individuals involved in developing the document

Name	Designation
Adina Latta	Manual Handling Adviser
Sandra Berry	Training and Development Manager

Circulated to the following individuals for comment

Name	Designation
Jane Bedwell	Manual Handling Adviser
Michelle Norton	Deputy Director of Nursing
Matrons/Heads of Departments	
Emma Duggan	Clinical Governance
Jo Kirwan	Finance
Louise Morris	Lead Nurse Tissue Viability
Chris Rawlings	Head of Risk Services
Paul Graham	Health, Safety and Security Manager

10.4 Approval Process

A Checklist has been completed and is found in appendix 1.

Appendices

- Appendix 1 Checklist for the review and approval of key documents
- Appendix 2 Equipment to consider
- Appendix 3 Bariatric equipment protocol
- Appendix 4 Audit tool

Appendix 1 – Checklist for review and approval of key documents

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	Policy
2	Title of document	Policy for Moving & Handling the Bariatric Patient
3	Is this a new document?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, what is the reference number WAHT-CG-536
4	For existing documents, have you included and completed the key amendments box?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	Owning department	Learning and Development
6	Clinical lead/s	Adina Latta
7	Pharmacist name (required if medication is involved)	
8	Has all mandatory content been included (see relevant document template)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	If this is a new document have properly completed Equality Impact and Financial Assessments been included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Please describe the consultation that has been carried out for this document	
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Moving & Handling the Bariatric Patient Manual Handling
<p>Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.</p>		

Implementation

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale

Plan for dissemination

Disseminated to	Date
The updated policy will be emailed to all matrons/lead persons for allied healthcare, ward/departmental managers and manual handling instructors	08/08/2012

1	Step 1 To be completed by Clinical Governance Department Is the document in the correct format? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Has all mandatory content been included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date form returned 16/07/2012
2	Name of the approving body (person or committee/s) Bev Edgar
	Step 2 To be completed by Committee Chair/ Accountable Director
3	Approved by (Name of Chair/ Accountable Director): Bev Edgar
4	Approval date 15/07/2012

Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.

Office use only	Reference Number	Date form received	Date document published	Version No.
	WAHT-CG-536	16/07/2012	16/07/2012	1.2

Appendix 2**Equipment to Consider**

Electric profiling bed

Mattress system

Hoist and gantry system with optional scales

Commode

Seating

Trolley

Shower stool

Transfer/wheelchair

Examination / treatment and rehabilitation couch

Theatre table and associated equipment

Walking aids

Hovermat and Jack

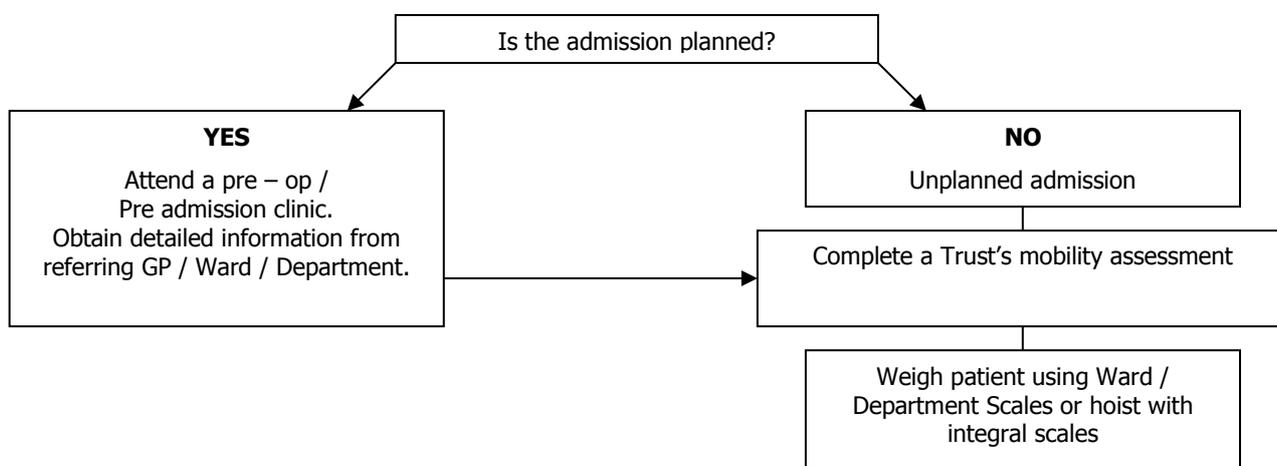
Manual handling equipment – slide sheets, Lock and Glide, etc.

Evacuation equipment

The safe working load of all these items must be considered prior to using with a patient.

Advice can be sought from the manual handling team, Monday – Friday on ext. 33654

**Appendix 3 Bariatric Equipment Protocol
(Over 121kg / 19 Stone)**



In the first instance, source existing equipment from a nearby ward / department.
 Advice can be sought from the manual handling team, Monday – Friday on ext. 33654.
 For a chair or commode, therapy store have a small supply.
 When the equipment is finished with, it is the ward / department's responsibility to return it once it has been cleaned as per Trust policy.

If no equipment can be sourced locally

Should bariatric equipment need to be hired, the ward / department must contact the directorate manager / matron or on call nurse.

The following information will be required: -
 Patient name
 Patient's weight
 Ward name
 Nurse contact
 Type of equipment required and reason for request

The Trust's preferred suppliers are: -
 1st Call Mobility 01279 425648 www.1stcallmobility.co.uk,
 Huntleigh Healthcare 08457 342000
 Hill-rom 01530 411000

All suppliers have websites for information on equipment or call supplier direct for more details on their products.

The matron / on call nurse will then call the supplier and give the following details: -
 Hospital Account number HR 381
 Call off number
 Hospital name
 Ward name
 Nurse contact
 Patient's weight
 Equipment required

The patient's weight will determine which piece of equipment is suitable.
 Prior to using the equipment, competency based training must be provided for staff.
 It is the ward/ department's responsibility to end the contract and return the equipment to the supplier when finished with.

Appendix 4

**Audit of Compliance with the Management
of the Bariatric Patient Policy**

Ward/Dept. _____

Managers Name _____

Date _____

Q1. Has the patient had an initial mobility assessment completed, either prior to admission or within 24 hours of admission?

Guidance: *Random check 3 patient's documentation for an initial assessment.*

Comments:

Yes No

--	--

Q2. Has a need for specialised equipment been identified?

Guidance: *Random check 3 patient's documentation for an initial assessment.*

Comments:

Yes No

--	--

Q3. Are the items of equipment identified in the mobility assessment available for the patient to use?

Guidance: *Random check 3 patient's current documentation.*

Comments:

Yes No

--	--

Q4. Did the patient wait longer than 24 hours for the identified equipment to arrive?

Guidance: *Random check 3 patient's current documentation.*

Comments:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Q5. Has the mobility assessment been regularly reviewed?

Guidance: *Random check 3 patient's current documentation.*

Comments:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Q6. Was discharge planning initiated within the first 48 hours of admission?

Guidance: *Random check 3 patient's current documentation.*

Comments:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Bariatric audit.doc
July 2012